STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	205124	A. BUILDING _____ B. WING _____	C 09/26/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
KNOX CENTER FOR LONG TERM CARE	**6 WHITE STREET ROCKLAND, ME 04841**

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F 000	INITIAL COMMENTS On 9/26/23, an unannounced on site visit was conducted at Breakwater Commons to investigate complaints #ME00044710, #ME00044711, #ME00044789, #ME00044955 and #ME00044979. It was determined that Breakwater Commons was not in substantial compliance with 42 CFR Part 483, Subpart B - Requirements for Long Term Care Facilities.	F 000		
F 656 SS=D	Develop/Implement Comprehensive Care Plan CFR(s): 483.21(b)(1)(3) §483.21(b) Comprehensive Care Plans §483.21(b)(1) The facility must develop and implement a comprehensive person-centered care plan for each resident, consistent with the resident rights set forth at §483.10(c)(2) and §483.10(c)(3), that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The comprehensive care plan must describe the following - (i) The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.24, §483.25 or §483.40; and (ii) Any services that would otherwise be required under §483.24, §483.25 or §483.40 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(c)(6). (iii) Any specialized services or specialized rehabilitative services the nursing facility will provide as a result of PASARR recommendations. If a facility disagrees with the findings of the PASARR, it must indicate its rationale in the resident's medical record.	F 656		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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F 656	Continued From page 1 (iv)In consultation with the resident and the resident's representative(s)- (A) The resident's goals for admission and desired outcomes. (B) The resident's preference and potential for future discharge. Facilities must document whether the resident's desire to return to the community was assessed and any referrals to local contact agencies and/or other appropriate entities, for this purpose. (C) Discharge plans in the comprehensive care plan, as appropriate, in accordance with the requirements set forth in paragraph (c) of this section. §483.21(b)(3) The services provided or arranged by the facility, as outlined by the comprehensive care plan, must- (iii) Be culturally-competent and trauma-informed. This REQUIREMENT is not met as evidenced by: Based on observations, interviews and record review the facility failed to ensure that a resident's care plan was implemented, for 1 of 1 sampled resident reviewed for a hearing aids (#1). Findings: On 9/26/23 the surveyor reviewed Resident #1's current care plan. dated 9/5/23. under cognitive loss interventions noted: "Attempt to remove hearing aid at night x1 and put on charger. If he/she refuses/resists, notify nurse to call [resident representative] Attempt to put hearing aid in x1 in morning. If [he/she] refuses/resists notify nurse to call [resident representative]. On 9/26/23 at 9:35 a.m., a surveyor observed Resident #1 dressed for the day and resting in his/her bed. The resident was having a hard time	F 656		

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F 656	Continued From page 2	F 656		

hearing the surveyor. The surveyor observed a clear locked box secured to the night stand which contained a cell phone and a hearing aid charger with a hearing aid in the charger.

On 9/26/23 at 10:00 a.m., in an interview, CNA #1 confirmed that she had not put the hearing aid in the Resident #1's ear or attempted to this morning. CNA #1 stated, "I thought the night shift, who gets the resident up, cleaned up and dressed, would have done this. I probably should have tried because the resident has been up and out of his/her room walking with his/her walker around the unit."

On 9/26/23 at 10:15 a.m., in an interview, Licensed Practical Nurse #1 [LPN] stated, "I haven't received any report from any CNA that the resident was not wearing his/her hearing aid. I have seen Resident #1 up walking around the unit and was not aware that he/she did not have his/her hearing aid in as the CNA's usually put it in."

On 9/26/23 at 2:15 p.m., the surveyor observed Resident #1 sitting in common area next to the dining room with a group of other residents. Resident #1 was not wearing his/her hearing aid. A certified nursing assistant/medication technician[CNA/M #2] confirmed that Resident #1 did not have his/her hearing aid in. At this time, the surveyor went to Resident #1's room and observed Resident #1's hearing aid on the charger inside the lock box. A review of Resident #1's clinical record lacked evidence that Resident #1 was offered and refused to wear his/her hearing aid.

On 9/26/23 at 2:40 p.m., in an interview, the

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F 656	Continued From page 3 Director of Nursing confirmed that Resident #1's care plan was not being followed and that Resident #1's clinical record lacked documentation of evidence of success or failure in putting in resident number ones hearing aid and the notification to family if it did not occur.	F 656		
F 761 SS=D	Label/Store Drugs and Biologicals CFR(s): 483.45(g)(h)(1)(2) §483.45(g) Labeling of Drugs and Biologicals Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable. §483.45(h) Storage of Drugs and Biologicals §483.45(h)(1) In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys. §483.45(h)(2) The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected. This REQUIREMENT is not met as evidenced by: Based on observation and interview, the facility failed to ensure a treatment cart containing	F 761		

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F 761	Continued From page 4 multiple medicated creams, powders, ointments and syringes was locked on 1 of 3 units. (Memory Care Unit) Finding: On 9/26/23 at 12:27 p.m., a surveyor observed an unlocked, unattended treatment cart for 3 minutes outside the Memory Care unit nurses station. There was no staff in sight. During this time, the surveyor was able to open all 3 of the treatment cart draws, all which contained multiple medicated creams, powders, ointments and syringes. At approximately 12:30 p.m., a Certified Nurses Assistant - Medication Technician (CNA-Med tech) returned to her locked medication cart. The surveyor asked the CNA-Med tech if the treatment cart should be locked? The CNA-Med tech stated "It should be locked. It's the nurses cart today," and walked away from the treatment cart leaving it unlocked. At approximately 12:33 p.m. LPN #1 returned to the treatment cart and locked it. LPN #1 acknowledged that the treatment cart should have been locked. On 9/26/23 at approximately 3:10 p.m., a surveyor discussed this finding with the Administrator.	F 761		